

RES-Q-SCOPE

Abstract: An invention relating to an instrument for accessing the laryngeal area of the human body and, more particularly, to an improved laryngoscope for use in the respiratory emergency field and hospital setting for safe, indirect, visual endotracheal intubation, when patient ventilatory support is indicated.. The Res-Q-Scope is made of an upper handle portion and a curved, blade like lower portion or scabbard, partially or fully disposable, which provides suction or supplemental oxygen supply capabilities, in addition to indirect visualization of the vocal cords and larynx for accurate intubation by means of manipulation of soft tissue in the mouth without needing to overcome the natural skeleto-musculature tendencies of the patient. Thus, risk due to the potential for increased spinal injury from a procedure involving direct visualization may be avoided with the use of the Res-Q-Scope. An open serpentiginous channel on the dorsal side of the scabbard portion of Res-Q-Scope is designed to removeably receive multiple sizes of an endotracheal tube for accurate disposition in the patient. The Res-Q-Scope contains a power source connected to a light system and an image conducting system composed of either an optical fiber bundle, a digital conducting system, or a combination thereof. The image conducting system communicates an accurate image of the patient's vocal cords and larynx to a viewing screen which the operator can view within a comfortable field of vision while the operator remains at a safer distance from the patient's mouth. With the accurate, indirect viewing of the vocal cords and larynx provided by the Res-Q-Scope, the pre-loaded endotracheal tube may be safely advanced to a proper position within the trachea, at which time the Res-Q-Scope scabbard is removed from the patient's mouth by the operator, while holding the

intubation tube in place, and sliding the scabbard backwards along the intubation tube until the scabbard exits the patient's mouth and the intubation tube can be removed from the scabbard's tube receptacle. Use of the Res-Q-Scope eliminates the trial and error characteristic of blind intubation procedures, and provides benefits of accuracy in field use, flexibility in positioning of the operator relative to the patient location and orientation, minimal patient trauma, enhanced operator and patient safety, and minimal operator training requirements.

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